

**MONTHLY HEALTH INSURANCE RATES
EFFECTIVE JULY 1, 2014**

TRADITIONAL MEDICARE SUPPLEMENTAL	\$637.55
PPO	
INDIVIDUAL	\$637.51
PARENT/CHILD	\$1,251.23
EMPLOYEE/SPOUSE	\$1,583.82
FAMILY	\$1,950.13
BLUECHOICE OPT-OUT PLUS	
INDIVIDUAL	\$516.54
PARENT/CHILD	\$983.50
EMPLOYEE/SPOUSE	\$1,212.04
FAMILY	\$1,591.97
OVER 65/MEDICARE ELIGIBLE	\$570.40
PPO PLUS PREMIER DENTAL	
INDIVIDUAL	\$32.94
PARENT/CHILD	\$52.46
EMPLOYEE/SPOUSE	\$72.51
FAMILY	\$96.73
PPO DENTAL	
INDIVIDUAL	\$28.13
PARENT/CHILD	\$44.75
EMPLOYEE/SPOUSE	\$62.01
FAMILY	\$82.52
SELECT VISION	
INDIVIDUAL	\$7.01
PARENT/CHILD	\$14.15
EMPLOYEE/SPOUSE	\$17.68
FAMILY	\$20.41